



State of Montana
 Department of Environmental Quality
 Waste and Underground Tank Management Bureau
 PO Box 200901
 Helena, MT 59620-0901
 Phone: (406) 444-5300
 E-mail: ustprogram@state.mt.us

FOR DEPARTMENT USE ONLY	
\$ Rcvd	_____
License #	_____
Type	_____
_____ Approved	_____ Denied
Date	_____

**APPLICATION FOR RENEWAL OF UNDERGROUND STORAGE TANK INSTALLER/REMOVER,
 REMOVER, CORROSION PROTECTION INSTALLER, EXTERNAL LEAK DETECTION INSTALLER
 OR LINER LICENSE**

I, hereby, give notice of my intention to apply for renewal of my inspector license. I am not requesting any change to the license conditions.

PLEASE TYPE OR PRINT CLEARLY

LAST NAME	FIRST NAME	MIDDLE
LOCAL GOVERNMENT UNIT OF EMPLOYMENT		ADDRESS
CITY	STATE	ZIP
WORK PHONE	CELL OR MOBILE PHONE	E-MAIL ADDRESS
SOCIAL SECURITY NUMBER	HOME ADDRESS AND PHONE NUMBER (OPTIONAL)	

LIST OTHER PROFESSIONAL REGISTRATIONS AND LICENSES THAT YOU HOLD (PLUMBER, ELECTRICIAN, SPECIALIZED EQUIPMENT INSTALLER, ETC). MAY INCLUDE OUT-OF-STATE LICENSES ALSO.

TYPE OF LICENSE	LICENSE NUMBER	ISSUING AGENCY OR COMPANY	STATE	DATE ISSUED

HAVE ANY OF THE ABOVE LICENSES OR REGISTRATIONS EVER BEEN SUSPENDED OR REVOKED? ☐ No ☐ Yes

IF YES, PLEASE EXPLAIN:

LIST ANY CONTINUING EDUCATION CREDITS, TRAINING SEMINARS, COURSES ON INSPECTIONS, OR COURSES ON UNDERGROUND STORAGE TANKS, RECENTLY ATTENDED:

TITLE	PRESENTED BY	DATE(S)

HAVE YOU HAD ANY LEGAL ACTION OR FORMAL COMPLAINTS LODGED AGAINST YOU AS A RESULT OF YOUR UNDERGROUND STORAGE TANK WORK? ☐ No ☐ Yes

IF YES, PLEASE EXPLAIN: _____

I UNDERSTAND THAT I MAY BE REQUIRED TO SUPPLY ADDITIONAL DATA IF REQUESTED BY THE ENVIRONMENTAL SERVICES SECTION. _____

INITIALS

A non-refundable license renewal fee of \$100.00 must be submitted with this application.
Make check payable to the Montana Department of Environmental Quality.

The above information is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT:

DATE:

NOTARY SECTION

State of _____

County of _____

Subscribed and sworn to before me this _____

day of _____, this year _____

Notary: _____

My commission expires: _____